

FACTORS CORRELATED WITH RECIDIVISM IN FOSTER CARE:
IMPLICATIONS FOR PRACTICE

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Concern over the plight of children adrift in the foster care system led to federal legislation mandating that states and localities implement procedures to achieve permanent plans for children. The Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) emphasizes services intended to prevent out-of-home placements of children. Should it be necessary to remove a child from his or her home, P.L. 96-272 encourages efforts designed to reunify the family as quickly as is reasonable. With national policy emphasizing the reunification of families, it is important to distinguish empirically among factors that are correlated with the outcome of return home. The research reported in this article contrasted children who remained with their birth parents upon returning from foster care (nonrecidivists) with those who returned to foster care (recidivists). The research questions addressed were as follows:

1. What are the characteristics of children who are nonrecidivists in contrast to children who are recidivists?
2. What are the characteristics of parents and families of nonrecidivists in contrast with recidivists?
3. To what extent are factors related to foster care worker and department of social service (DSS) activities related to successful reunification?
4. Is the utilization of community (non-DSS) services related to successful reunification?
5. To what extent are factors associated with the foster care experience correlated with successful reunification?

Methodology

The study utilized an ex post facto exploratory design with formal procedures for the selection of subjects, data collection, and analyses. An exploratory approach was appropriate due to the lack of reported research and theoretical work related to reunification at the time the study was initiated. Subsequently, results of additional investigations of the phenomenon have been reported (Block & Libowitz, 1983; Fein, et al., 1983).

The setting for the study was the forty-three counties and cities constituting the Richmond and Tidewater regions of the Virginia Department of Social Services. The population from which the study sample was drawn consisted of all children in those counties who had been placed once in foster care and returned to their parents between June 1977 and December 1979. Also, the population consisted of one child per family. Two sample strata of fifty children each were randomly selected from this population. One stratum consisted of those children who resided at home at the time data were collected (nonrecidivists); the second stratum consisted of those children who returned to foster care between June 1977 and December 1980. The source of the listing from which the sample was drawn did not document instances in which children were reunified and returned to care within the same quarter. This listing error should be kept in mind when considering implications of the findings of the research (Turner, 1984a).

The study utilized two data collection methods. Case records were examined, followed by a telephone interview with the DSS child welfare worker most familiar with a case. One data collection instrument was used for both methods. Most concepts measured by the instrument were commonly used and required no explanation. "Foster care" was defined as the placement of children in foster family homes, group homes, child care institutions, or residential treatment centers. Data analysis included computation of descriptive statistics, and exploration of the bivariate and multivariate relationships between predictor variables and the status of children (nonrecidivist or recidivist). Statistical significance was set at the .05 level for all analyses.

Demographic Characteristics of the Sample

The most notable characteristic of the sample children and their families was their low socioeconomic status (Turner, 1986).

The majority (64%) of all children were from single parent households, 47% were minority children, and 75% of all mothers and 55% of all fathers for whom educational data were available had less than a high school education. Data on the source and amount of family income were somewhat sparse. Available data indicated that 75% of the children were originally placed from families with incomes of less than \$10,000. However, at the time children returned home, the financial status of several families had improved as 59% had incomes of less than \$10,000 for that point in time. It was notable that minority children had a slightly higher recidivist rate than white children. The nonrecidivist group was 54% white and 46% minority, while the recidivist group was 44% white and 56% minority. In no instance was there a statistically significant relationship between status of the child and a demographic variable. However, results contribute to the sparse literature on specific characteristics of families and children experiencing reunification (Fanshel & Shinn, 1978; Sherman, et al., 1973; Block, 1981; Fein, et al., 1983).

Problems of Parents and Children

Data were collected on the problems of parents and children at the time children originally entered care and improvement in these problems at the time children returned home. Since agencies require only summary recording, case record material tended to reflect primary presenting problems and improvements as opposed to an exhaustive list of each. The degree to which worker interviews provided more detailed data depended on how long a worker had been responsible for a case. It was estimated that fewer than 30% of the workers interviewed followed a case from the time a child originally entered care until the case was closed or the child returned to care. Therefore, data presented and discussed below are perhaps a more accurate reflection of primary problems and improvements than an accurate account of all problems and improvements.

Table 1 reports results on parental problems at the time children entered care, and improvement in those problems at the time children were reunified with families. The most frequently reported problems for parents in the sample at the time children originally entered care were: (1) finances, (2) housing, (3) lack of parenting skills, (4) physical neglect, and (5) lack of parental supervision. There was no significant variation between nonrecidivists and recidivists on these discrete variables. However, there was a significant difference between

the two groups on the number of parents requesting their child's original placement ($X^2 = 13.11189$, 2df., $p=.01$) (Turner, 1984b, p. 502). Of the 22 children whose parents had requested original placement 86% ($N = 19$) were recidivists. There were too few cases of other discrete parental problems existing at the time a child entered care to warrant testing the correlation between these problems and status of the child. However, in some instances the frequency with which a particular problem occurred in the two groups was notable. For example, 7 of 9 cases in which parents had physical health problems, and 12 of 16 in which they had mental health problems were recidivists cases. Also, 10 of 15 cases in which alcohol abuse was identified as a problem were in the recidivists group.

Table 1
Parental Problems and Improvement in Problems*

Parental Problems	Problem Existed When Child Entered Care		Problem Improved at Time Child Returned Home*	
	Nonrecidivist (N=50)	Recidivist (N=50)	Nonrecidivist (N=50)	Recidivist (N=50)
1. Housing Condition	10	12	9	8
2. Housekeeping	7	9	4	3
3. Finances	22	18	12	6
4. Physical Health	2	7	1	3
5. Mental Health	4	12	2	7
6. Mental Retardation	0	2	0	0
7. Mental Discord	9	9	2	0
8. Spouse Abuse	0	3	0	1
9. Alcohol Abuse	5	10	3	2
10. Drug Abuse	0	3	0	0
11. Parenting Skills	14	9	7	4
12. Parental Supervision	8	9	3	1
13. Involvement with Criminal Justice System	3	3	0	1
14. Requested Child's Placement	3	19	3	8
15. Substantiated Physical Abuse	4	6	4	6
16. Suspected Physical Abuse	2	2	2	2
17. Sexual Abuse	2	1	1	0
18. Emotional Abuse/Neglect	1	0	1	0
19. Physical Neglect	9	13	5	1
20. Medical Neglect	1	3	0	3
21. Child Abandoned	2	0	0	0
22. Other Problems	4	0	4	0
23. No Problems	1	5	-	-

*Statistics on improvements not included in the table: Twelve children returned to natural parents other than the one from whom they were removed, or returned to one parent after parents separated or divorced. Seven nonrecidivists and five recidivists fell into this category. Twenty-four children were returned with no apparent improvement in parental problems - 9 nonrecidivists and 15 recidivists.

A single parental problem such as substance or sexual abuse may have more serious implications for reunification than a particular constellation of problems such as poor housekeeping

and periodic financial problems. However, families with multiple problems may also pose issues and concerns related to reunification. Therefore, data were analyzed to determine whether nonrecidivists and recidivists differed significantly on the number of parental problems existing at the time a child entered care, and the number of problems showing improvement at the time a child returned home. To facilitate statistical analysis, cases were collapsed into three categories of the number of parental problems: 0-1 problem, 2-3 problems, and 4 or more problems. There was a significant difference between the two groups on the new variable "total parental problems" at the time the child was placed (Pearsons $r = .26121$, $p < .01$) (Turner, 1984b, p. 502). While 40% ($N = 20$) of the parents of nonrecidivists had 0 - 1 problem reported, only 16% ($N = 8$) of the parents of recidivists were in this category. In contrast 18% ($N = 9$) of the parents of nonrecidivists had 4 or more reported problems, as compared to 32% ($N = 16$) of the parents of recidivists.

The most notable finding from the data on improvement in existing problems was the frequency with which neither group showed improvement in problems at the time children returned home. In 24% of all cases, there was no reported improvement in parental problems at the time of reunification. Only in the problems "housing conditions" and "physical abuse" (substantiated or suspected) did improvement occur in a large percentage of cases in which those conditions originally existed (Turner, 1984b, p. 502). Though 72% of all cases had 2 or more parental problems reported, only 38% of the parents showed improvement in 2 or more areas by the time a child returned home.

Study results showed that children were most frequently placed due to parental problems as opposed to problems of children. No problems were reported for 30% of the children as compared with 6% of the parents. Analysis of data pertaining to problems of children focused on those behaviors that might result in removal of a child (i.e., running away, truancy, and substance abuse.) There was no significant variation between the two groups on either discrete problems of children or total reported child problems per case. In those cases in which problems with children were reported, 28% showed no improvement at the time children returned home (Turner, 1984b, p. 502).

Worker Activities and Community Services

Prior studies have shown that the number of social services a family receives is positively correlated with preventing the

placement of a child in foster care, and with achieving reunification (Jones, et al., 1976; Sherman, et al., 1973). This investigation explored the relationship between the outcome of reunification and a number of predictor variables related to DSS worker activities and the use of community (non-DSS) services. Definitions of community services were consistent with those used in Virginia's Title XX plan. Data on services and worker activities were gathered for two time periods--while children were in foster care and after the children and parents had been reunified.

There was no variation between nonrecidivists and recidivists on any predictor variable related to community services. As shown in Table 2, such services were infrequently provided parents or children either while children were in foster care or following reunification.

Table 2
Comparison of Groups by Community Services

Non-D.S.S. Services	Number of Parents/Children Receiving a Service While Child in Care				Number of Parents/Children Receiving a Service While Child at Home			
	Nonrecidivist (N=50)		Recidivist (N=50)		Nonrecidivist (N=50)		Recidivist (N=50)	
	Parents	Children	Parents	Children	Parents	Children	Parents	Children
Alcohol Services	1	-	3	-	-	-	1	-
Counseling and Treatment	4	10	13	13	3	5	7	4
Day Care for Children	2	2	-	-	1	-	-	-
Education and Training	1	14	1	10	1	7	1	5
Employment Services	4	-	-	-	2	2	-	-
Family and Personal								
Adjustment Counseling	8	2	10	1	11	6	6	-
Drug Services	-	-	-	1	-	-	-	-
Family Planning	1	1	-	-	1	-	-	-
Homemaker Services	1	-	2	-	2	-	1	-
Chore Services	-	-	-	-	-	-	-	-
Companion Services	-	-	-	-	-	-	-	-
Housing Services	3	-	-	-	1	-	2	-
Legal Services	-	-	-	-	-	-	1	-
Nutrition Services	1	1	-	-	1	-	0	-
Parenting Classes	4	-	1	-	4	-	1	-
Juvenile Court Services	4	2	-	2	6	5	2	2
Public Health Services	1	-	4	-	-	1	4	-
Other Non-D.S.S. Services	1	-	-	2	-	1	-	1
No Non-D.S.S. Services	27	32	26	30	28	33	31	38

Only 47% of all parents and 38% of all children received a community service while the children were in care. These percentages decreased to 41% and 29% respectively following return home of the children. While children were in care, 54% (N = 27) of the parents of nonrecidivists and 52% (N = 26) of

the parents of recidivists received no community services. For this same point in time, 64% (N = 32) of the children in the nonrecidivist group and 60% (N = 30) of those in the recidivist group received no community services. Following reunification, 56% (N = 28) of the parents and 66% (N = 33) of the children in the nonrecidivist group, as compared with 62% (N = 31) of the parents and 76% (N = 38) of the children in the recidivist group received no community services (Turner, 1984b, p. 502).

As previously indicated, the study sample consisted of multi-problem families, and the problems most frequently reported for parents while children were in care were finances, housing, parenting skills, and child neglect. However, Table 2 indicates there was considerable reliance upon either "family adjustment counseling" or "counseling and treatment" services to effect change in parental problems while children were placed. Only 15% of all parents received two or more community services for this point in time, while 72% had two or more reported problems.

With so few community services provided parents and children either while children were in care or following their reunification with families, primary responsibility for service delivery was apparently assumed by DSS caseworkers. Data obtained on the characteristics of workers responsible for cases at the time children returned home showed no variation between the two groups relative to the educational background, years of experience, or caseload size of responsible workers. Data on worker activities while children were in care and following reunification have been extensively reported elsewhere (Turner, 1984b), and are summarized below.

As would be expected, while children were in care all cases were assigned a worker responsible for managing the case. There was no significant difference between the two groups for this point in time on: (a) the frequency of worker contact with parents or child, (b) discrete activities of the worker, or (c) total activities of the worker. There was, however, a significant difference between the duration of service activity to parents while children were in care and the outcome of reunification ($F = 3.849$ 1df. $p \leq .05$) (Turner, 1984b p. 503). Parents of nonrecidivists received an average of 28 months of case management prior to reunification, as compared to 16 months for parents of recidivists.

The type of custody under which a child enters care may affect the duration of a placement and, therefore, the length of

time services are rendered. The vast majority ($N = 77$) of the sample children came into care pursuant to a court order that transferred temporary custody of the children to DSS. Under this type of commitment, a court order was required to return children home. The 23 remaining children in the sample were brought into care under a temporary entrustment to the DSS for some period specified as either "90 days or less," or "90 days or more." Parents whose children were placed in care under such arrangements could regain custody of their children without court action. Children entering care under temporary entrustments returned home far more quickly on the average (1.5 months) than children placed under commitment orders (22 months). Significantly more recidivists ($N = 17$) than non-recidivists ($N = 6$) entered care under temporary entrustments ($X^2 = 5.646$, 1df, $p \leq .02$) (Turner, 1984b, p. 503). However, statistical analysis indicated that custody type did not entirely account for the correlation between the duration of foster care case management and the outcome of reunification.

Following reunification, significantly more nonrecidivist cases ($N = 41$) than recidivist cases ($N = 27$) received case management services ($X^2 = 7.766$, 1df, $p \leq .01$) (Turner, 1984b, p. 503); and, therefore, more case planning and monitoring activities. There was little variation between the groups on the duration of case management following reunification. Nonrecidivist cases in which workers remained involved received an average of 8 months of follow-up services, as compared to six months for recidivist cases. However, descriptive data strongly suggested that there was a qualitative difference between the efforts of workers for nonrecidivists and workers for recidivists following reunification. Data were obtained on the following follow-up services: (a) counseling for parents and children, (b) family counseling, (c) purchase of services, and (d) referrals to community services. Insufficient data were available to warrant testing the relationship between these service activities and the outcome of reunification. It was notable, however, that in all instances the nonrecidivist group received a service more frequently than did the recidivist group.

The Foster Care Experience

The study explored the degree to which predictor variables associated with the foster care experience of the children accounted for the outcome of reunification. Data were obtained on the following factors: (a) the number of foster care

placements per child, (b) the length of time a child was in care, (c) the relationship between the child and the foster parents, (d) the relationship between the child and the birth parents, and (e) the frequency of contact between the birth parents and the child while the child was in care. These factors contributed little to understanding the phenomenon of nonrecidivists and recidivists. The two groups did not significantly differ on any variable related to the foster care experience. It was notable that 11 of 13 children reported to have poor relationships with their birth parents were recidivists. However, it was perhaps as notable that 72% of the children had good to very good relationships with their birth parents; and 61% (N = 46) of the sample children for whom data were available visited with their parents at least monthly.

One of the obvious limitations of this study was the paucity of information on the foster care experience, and the questionable reliability of some data that were obtained--for example, data on the contact between children and parents. Future investigations of the phenomenon should seek to test the relationship between the outcome of reunification and such variables as the amount of contact and the relationship between foster parents and birth parents.

Tests of Explanatory Models

Multivariate analysis of the data was conducted to explore the extent to which the interaction resulting from various combinations of variables accounted for the variation between nonrecidivists and recidivists. A collection of variables upon which the groups could reasonably be expected to differ were selected for inclusion in the multivariate analysis. The statistical technique discriminant analysis was used to test these explanatory models. Complete results of the analysis have been reported elsewhere (Turner, 1984a), and are summarized below.

The following combinations of variables (models) could, with a high degree of confidence, be predicted to account for a portion of the variance between groups: (a) community services and DSS related activity while the child was in care; (b) community services and DSS related activity following reunification; (c) parental problems and service activities while the child was in care; (d) demographic variables and parental problems; and (e) worker characteristics and service activities. The models were of modest utility in discriminating between nonrecidivists

and recidivists. Only the model containing variables related to family problems at the time of placement explained more than 30% of the variation between the two groups. The variable "parents requested child's placement" had high coefficients when included in three sets of explanatory models (Turner, 1984a). This finding suggests that this variable may make an important contribution to discriminating between the groups.

Implications for Practice

Findings from the study have clear implications for foster care practice. Those implications are discussed below at some length. However, practitioners considering the utility of the findings to their foster care activities should keep in mind that this was an ex post facto exploratory investigation. Generalizations drawn from such research should be cautious. All findings from the study require more rigorous testing to verify or dispute the extent to which they help explain the nonrecidivist-recidivist phenomenon.

The intent of permanent planning policy as outlined in P.L. 96-272 is to provide those services necessary to enable birth parents to function in a manner that justifies return home of children. It is estimated that approximately one third of all children in care are returned home each year (Yoshikami, 1984). With public policy encouraging returning children to their families, and existing data indicating that a large percentage are returned annually, it is important to determine whether services required by families prior to reunification are being offered, and whether families are demonstrating sufficient improvement in problems to justify returning children home. Results of this study suggest that the implementation of P.L. 96-272 may not be entirely consistent with policy intent and objectives.

Findings from this investigation indicated that community services were infrequently provided to sample families while children were in care. The vast majority of families in the sample were of low socioeconomic status. Housing conditions and insufficient finances were two of the problems most frequently reported for families. However, services to address problems associated with inadequate income (i.e., housing, employment, day care and homemaker services) were seldom received by families. These findings were similar to those of Fein, et al. (1983) and Fanshel (1982). Though some findings from the study seemed to substantiate the efficacy of foster care case

management, total reliance upon such activity to effect necessary improvement in families prior to reunification would seem inadequate. Almost all sample families received case management while children were in care. However, the majority of children in the study were returned to families that were reported to have shown little improvement in problem areas.

Perhaps too little concern has been raised over whether public policy incentives are encouraging the inappropriate return home of children. Though sparse, the above findings from this study suggest that the issue deserves attention. Mandated reviews of the foster care plans for children have apparently resulted in permanent arrangements, including reunification, for a larger percentage of children (Kadushin & Martin, 1988, p. 432). These review procedures must serve to assure appropriate cases of reunification, not merely increased rates of children returned home. Toward this goal, states and localities should use existing measures of child and family functioning to assess the effectiveness of their foster care programs rather than the singular measure "percentage of children returned home." If a significant percentage of children are improperly reunified with families, the rate at which a local DSS achieves reunification is not a valid measure of program effectiveness. On the contrary, it may be a measure of the inadequacy of a foster care program.

One obvious conclusion drawn from the study findings is that additional and more creative use of community services might increase the frequency with which families demonstrate improvement in existing problems, thereby reducing the risk of recidivism following reunification. For example, significantly more parents of recidivists requested the initial placement of their children in foster care. Most parents requesting the placement of their children had either physical and/or mental health problems. It is reasonable to hypothesize that such families lacked extended family and community support systems. The use of homebound services such as homemaker or parent aides might have precluded the need for placement. Such services would certainly provide support for families following reunification.

The utilization of community services by foster care workers is no doubt impacted by numerous factors, including: (a) the availability of resources, (b) funds to purchase services, (c) caseload size, and (d) skill of the worker in making use of appropriate services. Externally imposed limitations such as diminished funds and limited community

services are important constraints requiring thoughtful consideration of the efficient and effective use of available resources. Certainly, large caseloads mitigate against creative use of resources. However, the almost total absence of community services for families in this study suggested that these factors did not entirely account for this finding. The study indicated that the capability and willingness of workers in the study to appropriately use community services needed to be enhanced. This could be accomplished via mandated case monitoring and review procedures, and training. Various practice manuals theorize that written contracts drawn up between workers and parents may be useful in diminishing the discrepancy between parental problems and services rendered. Contracts engage parents in the development of service plans, and specify expectations of the parents and workers--including community services that will be provided (Kadushin & Martin, 1988, p. 378).

The opportunity to use community services to address family problems is perhaps affected by the type of custody under which a child enters foster care. Children in this study who entered care under temporary entrustments remained in care an average of 1.5 months, while children entering care under commitment orders remained in care an average of 22 months. Six weeks, on the average, is a brief time in which to reliably assess family problems and arrange for needed community services. Even if appropriate services could be arranged, it is questionable whether they could take effect within such a brief time frame. It would seem logical that the less stable a family system as measured by the number of existing problems at the time a child is placed in care, the more time would be required to prepare that family for reunification. This logic is reinforced by the finding that recidivists cases in this study had the greatest number of problems and received the shortest duration of DSS case management while children were in care. The duration of service delivery to sample cases was affected by the type of custody under which a child entered care; and significantly more recidivists than nonrecidivists entered care under temporary entrustments.

Foster care efforts at reunification should assure that the duration, number, and types of service activities are responsive to the severity and composition of family problems. Within this context of sound foster care practice, the utility of temporary entrustments should be carefully deliberated by practitioners. There are situations in which entrustments are appropriate, such as the temporary illness of parents. However, there are perhaps

few family circumstances of sufficient severity to justify removal of a child that also justify such a temporary arrangement and brief service activity. Agencies and practitioners should review their use of entrustments to assure that they are not being used to quickly process children in and out of care in order to satisfy the related policy goals of reunification and achieving permanent placements for children as quickly as possible. The permanent planning goal of an appropriate permanent placement must supersede all other policy goals. Foster care training should address the limited circumstances in which entrustments are appropriate placement arrangements (Turner, 1984b).

Removal of children from birth parents has psychosocial implications for children and parents. Parental reactions to placement vary, and may include the following: (a) sadness, (b) emptiness, (c) anger and bitterness, (d) relief and gratitude, (e) guilt, and (f) fear that children may not be returned. Placement also evokes strong reactions from children, including: (a) sadness, (b) loneliness and abandonment, (c) guilt, (d) hostility, (e) shame, and (f) fear for survival (Kadushin & Martin, 1988, pp. 377-382). Reunification no doubt also elicits reactions and requires adjustments of parents, children, and siblings. Research is needed on the specific reactions of families and children to reunification, effective responses to these reactions, and the extent to which they are correlated with the outcome of returning children home. Reactions to reunification may be as varied as, and even correlated with, reactions of families to placement. For example, parents who were relieved by the placement of their children may not be at all relieved by reunification if they have received few community services and achieved little improvement in problem areas while the children were in care--as was the case for some in this study. Findings from this investigation showed a relationship between recidivism and the absence of DSS service activity following reunification. This finding and the postulate that reunification evokes varied adjustments and reactions from family systems suggest that service activity must be continued following return home of children. To effectively meet the needs of children, state and local policy, DSS staffing levels, and caseload standards should assure that services are provided families following reunification (Turner 1984b).

In summation, the following implications of the study may serve to enhance the efforts of foster care practitioners to achieve successful reunification of families:

- a. Some families were more at risk of recidivism than were other families (i.e., families who requested their child's initial placement, families in which parents had mental health problems, and multi-problem families). This information may suggest certain intervention strategies for particular families, as well as inform practitioner deliberations of appropriate permanent placement alternatives.
- b. Families in which reunification was successful received in excess of two years of foster care case management while the child was in care. Given the nature of problems necessitating the removal of children from home, efforts to successfully return children should be characterized by deliberate and thoughtful as opposed to hurried intervention and decision-making. Bringing children into care under temporary entrustments, in most instances, does not afford sufficient time for accurate assessments or appropriate intervention.
- c. The profile of families to whom children were returned was one of low socio-economic status. Community services other than mental health counseling and treatment (i.e., housing, employment, and homebound services) could prove beneficial in increasing the capacity of such families to meet the physical and psychosocial needs of their children.
- d. Case management activity following return home of the child was a significant factor in successful reunification. The intervention process should be characterized by a continuum of service delivery initiated when the child has been identified as at risk of placement, and terminated only after a permanent placement has been sufficiently monitored and supported to assure that the needs of the child are being met.

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